



Application for Permit to Operate Camps, Cabins, Motels & Trailer Parks

Date: _____

Fee: \$75.00

Name of Retailer: _____

Business Address: _____

Mailing Address (if different): _____

Name and Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different): _____

Business Phone Number: _____ Business Email: _____

Other Emergency Contact Number of Responsible Party: _____

of Campsites: _____

of Cabins: _____

of Motel Rooms: _____

of Trailers: _____

****LICENSE WILL NOT BE ISSUED UNLESS ATTACHED CERTIFICATION CLAUSE FOR STATE TAXES IS SIGNED BY THE APPLICANT.**

BOARD OF HEALTH USE ONLY

Permit No. _____

Permit Approved / Denied Date: _____

If denied, reason: _____

Fee amount and date collected: _____



Building And Promoting A Healthy Community